FRIENDSHIP VILLAGE								
7300	WEST	DEAN	ROAD					

0 + 1.5 1/1 = 10/01 = 5.0 + 1 0.05 = 21.1 + 7.7 + 7.7	
Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled	
Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No	
Number of Beds Set Up and Staffed (12/31/03): 91 Title 18 (Medicare) Certified? Yes	
Total Licensed Bed Capacity (12/31/03): 91 Title 19 (Medicaid) Certified? Yes	
Number of Residents on 12/31/03: 64 Average Daily Census: 62	

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	8
Home Health Care	No				 %		18.8
Supp. Home Care-Personal Care	No					1 1 10010	40.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.1	More Than 4 Years	20.3
Day Services	No	Mental Illness (Org./Psy)	28.1	65 - 74	4.7		
Respite Care	Yes	Mental Illness (Other)	3.1	75 - 84	26.6		79.7
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	53.1	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.5	Full-Time Equivalent	
Congregate Meals	No	Cancer	3.1			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	6.3		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	32.8	65 & Over	96.9		
Transportation	No	Cerebrovascular	10.9			RNs	9.8
Referral Service	No	Diabetes	15.6	Gender	ક	LPNs	10.6
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	20.3	Aides, & Orderlies	24.8
Mentally Ill	No			Female	79.7		
Provide Day Programming for			100.0	1		I	
Developmentally Disabled	No			i İ	100.0	I	
**************		+ + + + + + + + + + + + + + + + + + +	++++++	******	******	* * * * * * * * * * * * * * * * * * *	******

Method of Reimbursement

		Medicare 'itle 18			edicaio itle 19		Other		Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	왕	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	 1	5.9	138	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Skilled Care	10	100.0	329	16	94.1	116	0	0.0	0	33	100.0	195	4	100.0	116	0	0.0	0	63	98.4
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		17	100.0		0	0.0		33	100.0		4	100.0		0	0.0		64	100.0

FRIENDSHIP VILLAGE

*******	*****	******	*****	****	*****	*******	*****					
Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03										
Deaths During Reporting Period												
	1			:	% Needing		Total					
Percent Admissions from:	- 1	Activities of	િ	As	sistance of	% Totally	Number of					
Private Home/No Home Health	4.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	4.5	Bathing	0.0		62.5	37.5	64					
Other Nursing Homes	0.5	Dressing	0.0		71.9	28.1	64					
Acute Care Hospitals	82.8	Transferring	15.6		53.1	31.3	64					
Psych. HospMR/DD Facilities	0.0	Toilet Use	7.8		62.5	29.7	64					
Rehabilitation Hospitals	0.0	Eating	28.1		53.1	18.8	64					
Other Locations	7.6	******	******	****	*****	* * * * * * * * * * * * * * * * * * * *	******					
Total Number of Admissions	198	Continence		용	Special Treat	tments	용					
Percent Discharges To:	1	Indwelling Or Exter	nal Catheter	0.0	Receiving E	Respiratory Care	10.9					
Private Home/No Home Health	34.2	Occ/Freq. Incontine	nt of Bladder	68.8	Receiving ?	Tracheostomy Care	0.0					
Private Home/With Home Health	2.6	Occ/Freq. Incontine	nt of Bowel	37.5	Receiving S	Suctioning	0.0					
Other Nursing Homes	1.0				Receiving (Ostomy Care	3.1					
Acute Care Hospitals	34.7	Mobility			Receiving ?	Tube Feeding	3.1					
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	0.0	Receiving N	Mechanically Altered Diets	28.1					
Rehabilitation Hospitals	0.0											
Other Locations	14.3	Skin Care			Other Resider	nt Characteristics						
Deaths	13.3	With Pressure Sores		0.0	Have Advanc	ce Directives	89.1					
Total Number of Discharges	1	With Rashes		1.6	Medications							
(Including Deaths)	196				Receiving D	Psychoactive Drugs	43.8					

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This	Non	ership: profit	50	Size: -99	Ski	ensure: lled	Al	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci.	lities
	90	olo	Ratio	용	Ratio	&	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	68.1	87.9	0.78	88.1	0.77	86.6	0.79	87.4	0.78
Current Residents from In-County	93.8	87.5	1.07	88.7	1.06	84.5	1.11	76.7	1.22
Admissions from In-County, Still Residing	12.1	22.9	0.53	20.6	0.59	20.3	0.60	19.6	0.62
Admissions/Average Daily Census	319.4	144.5	2.21	189.9	1.68	157.3	2.03	141.3	2.26
Discharges/Average Daily Census	316.1	147.5	2.14	189.2	1.67	159.9	1.98	142.5	2.22
Discharges To Private Residence/Average Daily Census	116.1	49.7	2.33	75.8	1.53	60.3	1.93	61.6	1.88
Residents Receiving Skilled Care	100	93.9	1.06	94.9	1.05	93.5	1.07	88.1	1.14
Residents Aged 65 and Older	96.9	97.1	1.00	91.0	1.06	90.8	1.07	87.8	1.10
Title 19 (Medicaid) Funded Residents	26.6	50.3	0.53	48.6	0.55	58.2	0.46	65.9	0.40
Private Pay Funded Residents	51.6	34.6	1.49	30.8	1.67	23.4	2.21	21.0	2.46
Developmentally Disabled Residents	0.0	0.6	0.00	0.4	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	31.3	35.5	0.88	31.3	1.00	33.5	0.93	33.6	0.93
General Medical Service Residents	0.0	23.0	0.00	24.1	0.00	21.4	0.00	20.6	0.00
Impaired ADL (Mean)	59.4	51.9	1.14	48.8	1.22	51.8	1.15	49.4	1.20
Psychological Problems	43.8	62.2	0.70	61.9	0.71	60.6	0.72	57.4	0.76
Nursing Care Required (Mean)	5.9	7.2	0.81	6.8	0.86	7.3	0.81	7.3	0.80